

MARYLAND STATE DEPARTMENT OF EDUCATION
OFFICE OF CHILD CARE
200 West Baltimore Street • Baltimore, Maryland 21201

MARYLAND CHILD CARE CREDENTIAL
APPLICATION FOR TRAINING VOUCHER/REIMBURSEMENT

INSTRUCTIONS: Complete this application form and mail it with **all** documentation to the Office of Child Care (OCC) at the above address. Complete **all** information requested in the spaces provided. A separate application must be submitted for each training for which a voucher/reimbursement is sought. **Incomplete applications will be returned.**

1. PERSONAL INFORMATION

Applicant's Name: _____
(Please print or type) Last First Middle Maiden

Social Security #: _____ Annual Family Income: _____
(Required) (Federal Tax Form 1040 – Line 33)

Mailing Address: _____
Number Street Apt. # (if applicable) City State Zip Code

Daytime Phone #: _____ Evening Phone #: _____

I am a: ___ Family Child Care Provider: Registration #: _____
___ Child Care Center Employee: Center Name: _____ License #: _____

Credential Level: _____ Expires: _____

2. TRAINING INFORMATION

Title of Training: _____

Trainer/Training Organization Name: _____

Training Date(s): _____ Training Cost: _____

3. I AM APPLYING FOR: (Check only one)

<input type="checkbox"/> TRAINING VOUCHER – (Training costs to be paid directly to training entity.) Attach copies of: <ul style="list-style-type: none">• Training advertisement or course catalog information. (Information must include date of training, cost, session title, name of instructor and if applicable, OCC assigned approval number.)• Completed training registration form.	<input type="checkbox"/> TRAINING REIMBURSEMENT – (Only training completed within the past four months may be reimbursed.) Attach copies of: <ul style="list-style-type: none">• Training advertisement or course catalog information. (Information must include date of training, cost, session title, name of instructor and OCC assigned approval number, if applicable.)• Cancelled check or receipt of payment indicating the amount of the training fee.• Certificate of successful completion, grade slip or transcript. (Documentation must include the name of the participant, the date of training, the title, the offering individual or organization, and, if applicable, the OCC assigned approval number.)
---	--

4. STATEMENT

All information on this application is true and accurate to the best of my knowledge. I understand that any false statement on this application will result in it being rejected. I further understand that if I receive a *training voucher* I will:

- Attend the session named on the voucher;
- Submit documentation to the Office of successful completion of the training;
- Be required to repay the amount of the voucher if I do not successfully complete the training for which it was issued; and
- No longer be eligible for training vouchers if I do not successfully complete the training for which it was issued.

Applicant's Signature (**Must** be signed in **BLUE INK**) _____

Date _____